

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155400		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2011	
NAME OF PROVIDER OR SUPPLIER  LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 EAST JACKSON ST MUNCIE, IN47303			
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F0000	<p>This visit was for a Post Survey Revisit [PSR] to the Recertification and State Licensure Survey completed on January 6, 2011.</p> <p>This visit was in conjunction with the PSR to Complaint number IN00085755 investigated on February 8, 2011.</p> <p>Survey dates: March 1 and 2, 2011</p> <p>Facility number: 000269 Provider number: 155400 AIM number: 100267720</p> <p>Survey team: Ginger McNamee, RN, TC Betty Retherford, RN Karen Lewis, RN Delinda Easterly, RN</p> <p>Census bed type: SNF/NF: 86 Total: 86</p> <p>Census payor type: Medicare: 15 Medicaid: 65 Other: 6 Total: 86</p> <p>Sample: 11</p>			F0000	<p>Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/07/2011

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OMB NO. 0938-0391

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	These deficiencies also reflect state findings in accordance with 410 IAC 16.2.  Quality review completed 3-3-11 Cathy Emswiller RN						

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F0241 SS=D	<p>Based on observation, record review and interview the facility failed to ensure insulin was administered in a manner to ensure resident's dignity was maintained for 1 of 2 residents observed receiving insulin injections in a total sample of 11. (Resident #10)</p> <p>Findings include:</p> <p>The clinical record for resident #10 was reviewed on 3/1/11 at 1:45 p.m.</p> <p>Resident #10's current diagnoses included, but were not limited to, diabetes mellitus, dementia and Alzheimer's disease.</p> <p>Resident #10 had a current physician's order, dated 1/31/11, which indicated the resident was to receive 14 units of Novolog insulin at lunch time.</p> <p>During observation on 3/1/11 at 11:05 a.m., LPN #1 administered insulin subcutaneously in the abdomen of Resident #10. Resident #10 was sitting in his wheelchair in the hall across from the nurses station. LPN #1 instructed the resident to lift up his shirt so she could administer the insulin injection. Resident #10 lifted his shirt and exposed his lower abdomen. LPN #1 then administered the insulin injection. At the time Resident #1</p>		F0241	<p>1. Resident #10 was not negatively impacted by the alleged deficient practice. LPN #1 has been reeducated on providing care, including medication administration, in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of their individuality. LPN #1 has been observed providing care, including medication administration, while maintaining resident dignity and respect. 2. All other residents have the potential to be affected. The residents have been observed and are receiving care, including medication administration, in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of their individuality. 3. The facility's policies for medication administration and resident abuse, including maintaining dignity and respect have been reviewed and no changes are indicated at this time. All nurses and QMA's have been reeducated (Attachment A) on medication administration (Attachment B), including insulin administration, in a manner and in an environment that maintains or enhances each resident's dignity and respect. All staff have been reeducated (Attachment C) on resident abuse (Attachment D),</p>		03/11/2011	

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	<p>received the insulin injection and had his lower abdomen exposed, 3 female residents were up in their wheelchairs sitting next to the resident.</p> <p>During an interview with the Director of Nursing Services on 3/2/11 at 8:30 a.m., she indicated the nursing staff were to administer insulin injections to residents in the resident's room, in the shower room or any private area in order to maintain privacy and dignity for the resident. She further indicated the nursing staff should have been instructed related the correct administration of insulin during the nurses orientation to the facility.</p> <p>3.1-3(t)</p>				<p>including resident rights and maintaining dignity and respect in full recognition of residents' individuality. A medication/treatment observation tool has been implemented (Attachment E).4. The Director of Nursing or designee will observe 2 nursing staff, on each shift for a total of 6 observations per day and complete the medication/treatment observation tool on scheduled work days, providing care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of their individuality, as follows: Daily for 2 weeks, weekly for 2 weeks, monthly for 2 months, then quarterly thereafter on an ongoing basis for a minimum of 6 months. Results of these reviews will be discussed at the facility's quarterly QA meetings and the plan adjusted accordingly.5. The above corrections were completed on March 11, 2011.</p>		

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F0441 SS=E	<p>Based on observation, interview, and record review, the facility failed to ensure hand hygiene was completed and/or completed properly when hand hygiene was required during medication and treatment administration for 2 of 7 nurses and 1 of 1 QMA observed [LPN #'s 1,3, and 4, QMA #3], and failed to ensure wash cloths did not come in contact with the inside of the hand sink during a treatment for 1 of 2 treatment observations. [Resident #'s 58, 59, 71, 39, 50, and 55]</p> <p>Findings include:</p> <p>1. LPN #4 was observed on 3/1/11 at 10:40 a.m. She entered Resident #58 and Resident #59's room and washed her hands. She used her clean wet right hand to depress the bar to dispense the paper towels. She returned to the medication cart and licked her fingers of her right hand to turn the pages of the medication records [MAR.] She cleaned the blood sugar meter and placed it on the medication cart.</p> <p>LPN #4 removed Resident #58's Ventolin inhaler from the medication cart and entered the resident's room. She washed her hands and turned the water faucets off and dispensed the paper towel with her bare wet hands. She gave Resident #58</p>			F0441	<p>1. Resident #'s 39, 50, 55, 58, 59, and 71 were not negatively impacted by the alleged deficient practice. LPN #'s 1, 3, and 4, and QMA #3 have been reeducated on infection control, including handwashing. Staff have been observed rendering medications and/or treatments to ensure hand hygiene was completed properly when hand hygiene was required during medication and treatment administration.2. All other residents have the potential to be affected. Staff have been observed rendering medications and/or treatments to ensure hand hygiene was completed properly when hand hygiene was required during medication and treatment administration.3. The facility's policies for infection control, including handwashing, have been reviewed and no changes are indicated at this time. All staff have been reeducated (Attachment C) on infection control (Attachment F), including handwashing, in order to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. A medication/treatment observation tool has been implemented (Attachment E).4. The Director of Nursing or designee will observe 2 nursing staff, on each shift for a total of 6 observations per day and complete the</p>		03/11/2011

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	<p>the inhaler to use and returned to the medication cart and replaced the inhaler. LPN #4 donned gloves, pricked Resident #59's finger and checked Resident #59's blood sugar. LPN #4 removed her gloves and returned to the medication cart to chart Resident #59's blood sugar result and draw up the resident's insulin without performing hand hygiene. She licked her fingers to turn the pages of the MAR. LPN #4 cleaned the blood sugar meter, donned gloves and checked Resident #58's blood sugar. She removed her gloves and returned to the medications cart to clean the blood sugar meter.</p> <p>2. Resident #59's clinical record was reviewed on 3/1/11 at 11:40 a.m. The resident's diagnoses included, but were not limited to, diabetes mellitus and depression.</p> <p>The resident's physician's orders were signed and dated 2/28/11. The resident had a physician's order for blood sugar checks three times a day before meals.</p> <p>3. Resident #58's clinical record was reviewed on 3/1/11 at 2:00 p.m. The resident's diagnoses included, but were not limited to, chronic obstructive pulmonary disease and diabetes mellitus type II.</p>			<p>medication/treatment observation tool on scheduled work days, providing care, including medication and treatment administration, in a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection, as follows: Daily for 2 weeks, weekly for 2 weeks, monthly for 2 months, then quarterly thereafter on an ongoing basis for a minimum of 6 months. Results of these reviews will be discussed at the facility's quarterly QA meetings and the plan adjusted accordingly.5. The above corrections were completed on March 11, 2011.</p>			

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	<p>The resident's physician's orders were signed and dated 2/23/11. The resident had a physician's order for blood sugar checks three times a day before meals and Ventolin inhaler two puffs four times a day.</p> <p>4. On 3/1/11 at 11:07 a.m. at 11:07 a.m., LPN #4 was observed at the medication cart. The LPN licked her fingers twice while turning the pages of the MAR. She left the cart, went to the nurse's station and returned with Resident #71's treatment order. No hand hygiene was completed after licking her fingers. She washed her hands and placed the soiled paper towels on an over the bed table. After placing the resident in the bathroom, the LPN donned gloves and turned on the sink faucet with gloved hands. She wet two washcloths and placed them on the rim of the sink extending them into the bowl of the sink. She removed her gloves, exited the bathroom and returned with one of the resident's shoes. She placed the shoe on the resident's right foot. The LPN exited the resident's room without completing hand hygiene. She went to the treatment cart and gathered the supplies for the resident's treatment. She placed the supplies on the over the bed table with the</p>						

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	<p>soiled paper towels. LPN #4 completed a hand wash and donned gloves. The LPN assisted the resident to stand and pull his pants down. She used the wet wash cloths from the sink to wash the open area on the residents right inner buttock. She placed the soiled washcloths on the back of the toilet. She washed her hands and completed the treatment. When the treatment was completed the LPN used her bare hands to pick up the soiled wash cloths and place them in a plastic bag. The LPN rewashed her hands and turned the faucet off with her bare left hand.</p> <p>Resident #71's clinical record was reviewed on 3/1/11 at 10:00 a.m. The resident had a 2/19/11, physician telephone order for the open area on the inner right buttock. The area was to be cleansed with soap and water. Santyl ointment was to be applied to the area and a non-adherent sterile dressing was to be applied.</p>						

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F0441 SS=E	<p>5.) The clinical record for Resident #55 was reviewed on 3/1/11 at 3:25 p.m. Diagnoses for Resident #55 included, but were not limited to, bipolar disorder and osteoarthritis.</p> <p>During an observation on 3/1/11 at 2:40 p.m., LPN #2 entered Resident #55's room and gave the resident oral medications fed to her in applesauce and then gave her a drink of water. After the medications were given, LPN #2 needed to discard the empty medication cup and plastic cup into the trash can. No liner was present in the trash can. LPN#2 obtained a trash can liner from the bottom of the trash can and placed it correctly in the trash can. It was necessary to touch the sides of the trash can when the liner was placed.</p> <p>LPN #2 then entered the resident's bathroom to wash her hands. LPN #2 pushed down the lever on the towel machine to lower paper towels for use after her hands were washed. LPN #2 then washed her hands. After her hands were washed, LPN #2 obtained the paper toweling, turned off the water faucet with the clean paper towel, and then used the same paper towel to dry her hands.</p> <p>6.) The clinical record for Resident #50 was reviewed on 3/1/11 at 3:10 p.m.</p>		F0441	<p>1. Resident #'s 39, 50, 55, 58, 59, and 71 were not negatively impacted by the alleged deficient practice. LPN #'s 1, 3, and 4, and QMA #3 have been reeducated on infection control, including handwashing. Staff have been observed rendering medications and/or treatments to ensure hand hygiene was completed properly when hand hygiene was required during medication and treatment administration.2. All other residents have the potential to be affected. Staff have been observed rendering medications and/or treatments to ensure hand hygiene was completed properly when hand hygiene was required during medication and treatment administration.3. The facility's policies for infection control, including handwashing, have been reviewed and no changes are indicated at this time. All staff have been reeducated (Attachment C) on infection control (Attachment F), including handwashing, in order to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. A medication/treatment observation tool has been implemented (Attachment E).4. The Director of Nursing or designee will observe 2 nursing staff, on each shift for a total of 6 observations per day and complete the</p>		03/11/2011	

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	<p>Diagnoses for Resident #50 included, but were not limited to, Alzheimer's dementia with paranoid delusions and chronic obstructive pulmonary disease.</p> <p>A 2010 "Temporary Problem List" for resident #50 indicated the resident had received antibiotic treatment for urinary tract infections in July, August, September, and October of 2010. The list indicated the resident had received antibiotic treatment for a respiratory infection in December of 2010.</p> <p>During an observation on 3/1/11 at 2:55 p.m., LPN #2 obtained a medicated lotion from her treatment cart to be applied to Resident #50's legs. LPN #2 then entered the resident's room. Without washing her hands or using a sanitizing gel, LPN #2 donned gloves and pulled the resident's pant legs up to her knee area. LPN #2 then massaged the lotion onto the resident's lower legs. LPN #2 removed and discarded the gloves and lowered the resident's pant legs back down over her lower legs.</p> <p>LPN #2 then entered the resident's bathroom to wash her hands. LPN #2 pushed down the lever on the towel machine to lower paper towels for use after her hands were washed. LPN #2</p>				<p>medication/treatment observation tool on scheduled work days, providing care, including medication and treatment administration, in a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection, as follows: Daily for 2 weeks, weekly for 2 weeks, monthly for 2 months, then quarterly thereafter on an ongoing basis for a minimum of 6 months. Results of these reviews will be discussed at the facility's quarterly QA meetings and the plan adjusted accordingly.5. The above corrections were completed on March 11, 2011.</p>		

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	then washed her hands. After her hands were washed, LPN #2 obtained the paper toweling, turned off the water faucet with the clean paper towel, and then used the same paper towel to dry her hands.						

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F0441 SS=E	<p>7.. The clinical record for Resident #39 was reviewed on 3/1/11 at 3:30 p.m.</p> <p>Resident # 39's current diagnoses included, but were not limited to, muscular dystrophy and constipation.</p> <p>Resident #39 had a current physician's order, dated 1/24/11, which indicated Resident #39 was to receive Miralax (a laxative medication) 17 grams in 8 ounces of liquid daily for constipation.</p> <p>During observation on 3/1/11 at 11:45 a.m., Qualified Medication Aide #3 (QMA) administered Miralax medication to Resident #39. During the preparation of the Miralax medication, QMA #3 poured the Miralax medication, which is in a powder like form, from the original container into a small plastic drinking cup filled with water. QMA #3 spilled some of the Miralax medication onto her back of her hand during the transfer of the medication from the original container into the drinking cup. QMA #3 used the fingers from her other hand and scrapped the Miralax medication from the back of her hand into the drinking cup. QMA #3 then administered the Miralax medication to the resident.</p> <p>During an interview, with the Director of</p>		F0441	<p>1. Resident #'s 39, 50, 55, 58, 59, and 71 were not negatively impacted by the alleged deficient practice. LPN #'s 1, 3, and 4, and QMA #3 have been reeducated on infection control, including handwashing. Staff have been observed rendering medications and/or treatments to ensure hand hygiene was completed properly when hand hygiene was required during medication and treatment administration.2. All other residents have the potential to be affected. Staff have been observed rendering medications and/or treatments to ensure hand hygiene was completed properly when hand hygiene was required during medication and treatment administration.3. The facility's policies for infection control, including handwashing, have been reviewed and no changes are indicated at this time. All staff have been reeducated (Attachment C) on infection control (Attachment F), including handwashing, in order to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. A medication/treatment observation tool has been implemented (Attachment E).4. The Director of Nursing or designee will observe 2 nursing staff, on each shift for a total of 6 observations per day and complete the</p>		03/11/2011	

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	<p>Nursing on 3/2/11 at 8:30 a.m., she indicated QMA #3 should have discarded the Miralax medication that had spilled onto her hand during the preparation of the medication.</p> <p>8. Review of the current undated facility policy, titled "Handwashing Procedure" provided by the administrator on 3/2/11 at 7:50 a.m. indicated the following,</p> <p>"Policy:</p> <p>To provide protection for resident and staff when performing direct care procedure. To ensure that hands remain clean so as to assist in maintenance of a clean environment and assist in the prevention of and the transmission of disease and infection.</p> <p>Procedure:</p> <p>1. Prepare paper toweling...</p> <p>7. Pat hands dry with paper towel.</p> <p>8. Turn off faucets with paper towel and discard towel immediately in waste receptacle.</p> <p>Key procedural points:</p>				<p>medication/treatment observation tool on scheduled work days, providing care, including medication and treatment administration, in a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection, as follows: Daily for 2 weeks, weekly for 2 weeks, monthly for 2 months, then quarterly thereafter on an ongoing basis for a minimum of 6 months. Results of these reviews will be discussed at the facility's quarterly QA meetings and the plan adjusted accordingly.5. The above corrections were completed on March 11, 2011.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155400		(X2) MULTIPLE CONSTRUCTION  A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2011	
NAME OF PROVIDER OR SUPPLIER  LIBERTY VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 EAST JACKSON ST MUNCIE, IN47303			
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	Specific times hands must be washed: ...  2. Before and after direct resident contact..."  This Federal tag was cited on 1-6-11. The facility failed to implement a systemic plan of corrections to prevent recurrence.  3.1-18(i)						

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F0441 SS=E				F0441	<p>1. Resident #'s 39, 50, 55, 58, 59, and 71 were not negatively impacted by the alleged deficient practice. LPN #'s 1, 3, and 4, and QMA #3 have been reeducated on infection control, including handwashing. Staff have been observed rendering medications and/or treatments to ensure hand hygiene was completed properly when hand hygiene was required during medication and treatment administration.2. All other residents have the potential to be affected. Staff have been observed rendering medications and/or treatments to ensure hand hygiene was completed properly when hand hygiene was required during medication and treatment administration.3. The facility's policies for infection control, including handwashing, have been reviewed and no changes are indicated at this time. All staff have been reeducated (Attachment C) on infection control (Attachment F), including handwashing, in order to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. A medication/treatment observation tool has been implemented (Attachment E).4. The Director of Nursing or designee will observe 2 nursing staff, on each shift for a total of 6 observations per day and complete the</p>		03/11/2011

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					medication/treatment observation tool on scheduled work days, providing care, including medication and treatment administration, in a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection, as follows: Daily for 2 weeks, weekly for 2 weeks, monthly for 2 months, then quarterly thereafter on an ongoing basis for a minimum of 6 months. Results of these reviews will be discussed at the facility's quarterly QA meetings and the plan adjusted accordingly.5. The above corrections were completed on March 11, 2011.		